FCC Form 486



Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification Form

Applicant's Form Identifier: FY486-14 FCC Form 486 Number: 1047910 Security Code:

Please record your FCC Form 486 Number and Security Code. You will need this information if you wish to exit and then return later to this online FCC Form 486 application.

Save & Exit

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Client Service Bureau: 1-888-203-8100

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| DO NOT STAPLE | Do Not Write in this | Area | Approval by OMB 3060-0853 Estimated time per response: 1.5 hours |
|---|-------------------------------|---------------------|---|
| | Schools and Libraries Un | | |
| Receipt of Service Confirmation | and Children's Internet Prote | ction Act and Techn | ology Plan Certification Form |
| To be completed by the Billed Entity Please read instructions before complete | ing. | | (You can also file online) |
| Applicant's Form Identifier FY486-1 | 4 - | FCC Form 486 App | |
| (Create your own code to identify THIS | FCC Form 486) | (To be assigned by | administrator) |
| Block 1: Billed Entity Informatio | n | | |
| 1. Name of Billed Entity | | | |
| MORRISVILLE BORO SCHOOL DIST | | | |
| 2. Billed Entity Number 126136 | 3. Funding Year Ju | ly 1, 2014 | through June 30, 2015 |
| 4. Complete Mailing Address of Bille Street Address, P.O. Box, or Route | | ST * | |
| City | | State | Zip Code |
| MORRISVILLE | | PA | 19067 - 2174 |
| Telephone Number 215-736-2681 | Extension | Fax Number 215- | -736-0695 |
| 5. Contact Person Information Contact Person Name Mike Braun | | 1 | |
| Street Address, P.O. Box or Route Num 550 W PALMER ST | nber | | 100 |
| | | | |
| City MORRISVILLE | | 1276 | |
| State PA - | Zip Code 19067 - 2174 | | |
| Check the box next to the preferred | | | ked.) |
| Telephone Number | Extension | Fax Number | #E |
| 215-736-2681 | | 2 | 215-736-0695 |
| Email Address mbraun@mv.o | rg | | |

DO NOT STAPLE OMB Control No. 3060-0853

| | ber | 126136 | Applicant's Form Identifier | FY486-14 | | |
|---|---|---|---|------------------------|--|--|
| Contact Person | | Mike Braun | Phone Number | 215-736-2681 | | |
| Block 2: Early Filing Information and CIPA Waiver Requests | | | | | | |
| 6a. Early Filing | | | | | | |
| 그렇게 하면 하면 가게 하다니까? | | THE FRNS ON THIS FCC FUNDING YEAR. | FORM 486 ARE FOR SERVICES STARTING ON | OR | | |
| | Commitment D | ecision Letter (FCDL). I ha | ave been approved by USAC as shown in my Fundin we confirmed with the service provider(s) featured in ces will start on or before July 31 of the Funding Yea | 1 | | |
| Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the FCC Form 486 is postmarked on or before July 31 of the Funding Year. | | | | | | |
| 6b. CIPA Wa | aiver | | | | | |
| CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY. | | | | | | |
| | make the certi 254(h) and (l), requirements p schools or librations brought into co | fications required by the Ch because my state or local prevent the making of the co aries represented in the Ful | ate of the start of discounted services, I am unable to fildren's Internet Protection Act, as codified at 47 U.S. procurement rules or regulations or competitive bidd ertification(s) otherwise required. I certify that the nding Request Number(s) on this FCC Form 486 will quirements before the start of the Third Funding Year | S.C. § ling I be | | |
| | | | | | | |

Entity Number 126136 Applicant's Form Identifier FY486-14

Contact Person Mike Braun Phone Number 215-736-2681

Block 3: Service Information

7. Please provide the following information for each FCC Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to USAC. You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3. If you need additional pages, please label them 3A, 3B, 3C, etc. and indicate the number in the space provided here:

Page 3

| (A) FCC Form 471 Application | (B) Funding Request | (C) Service Provider Identification Number | (D) Service Provider Name From FCDL | (E) Funding Year Service Start Date |
|------------------------------------|---------------------------|--|---|---|
| Number From FCDL | Number (FRN) From FCDL | (SPIN) From FCDL | | (Earliest Date that Discounted Services Will Begin) |
| 958909 | 2604461 | 143006742 | Sprint Spectrum, LP. | 7/1/2014 |
| 958909 | 2604516 . | 143023377 - | Line Systems, Inc | 7/1/2014 |
| 958909 | 2604485 | 143025240 | AT&T Mobility. | 7/1/2014 |

DO NOT STAPLE OMB Control No. 3060-0853 **Entity Number** 126136 Applicant's Form Identifier FY486-14 Contact Person Mike Braun **Phone Number** 215-736-2681 Block 4: Certifications and Signature certify that, if required by program rules, the entity(ies) receiving discounted services as indicated on this FCC Form 486 are covered by technology plan(s), that have been approved by a state or other authorized body (i.e., a USAC-certified technology plan approver) prior to the commencement of service and that cover all 12 months of the funding year. Provide the name(s) of the organization(s) that approved a technology plan for any eligible entity that is receiving services covered under this FCC Form 486 or, if EVERY FRN listed in this FCC Form 486 is for services that do not require a technology plan, enter "NONE" here. NONE I certify that the services listed on this FCC Form 486 have been, are planned to be, or are being provided to all or some of ~ the eligible entities identified in the FCC Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this FCC Form 486 except for those services provided under tariff or on a month-tomonth basis. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity; that I have examined this request; and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most 10.

those services. I recognize that I may be audited pursuant to this application and will retain for five years (or whatever retention period is required by the rules in effect at the time of your certification) any and all records, including FCC Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11: A Billed Entity who is the Administrative Authority must

disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from

NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11: A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d. A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. See the FCC Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."

IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.

DO NOT STAPLE OMB Control No. 3060-0853

| Entity Number | 126136 | Applicant's Form Identifier | FY486-14 |
|----------------|------------|-----------------------------|--------------|
| Contact Person | Mike Braun | Phone Number | 215-736-2681 |

| 11. | FOR A BII | LLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY: |
|-----|-----------|--|
| | I certif | y that as of the date of the start of discounted services: |
| | a. 🗸 | the recipient(s) of service represented in the Funding Request Number(s) on this FCC Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l). |
| | b. 🗌 | pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this FCC Form 486: |
| | (FOR | SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year. |
| | (FOR | FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(I) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year. |
| | - | the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (I), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this FCC Form 486 is (are) receiving discount services only for telecommunications services. |
| | FOR A B | ILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES: |
| | d. 🗌 | I certify as the Billed Entity for the consortium that I have collected duly completed and signed FCC Forms 479 from all eligible members of the consortium. |
| | е. 🗌 | I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply. |
| | | ding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below: |
| | f | I certify that some or all of the eligible consortium members checked FCC Form 479 Item 6d to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR |
| | g. 🗌 | I certify that no eligible consortium members checked FCC Form 479 Item 6d to seek a CIPA Waiver. |
| | Th | e certification language above is not intended to fully set forth or explain all the requirements of the statute. |

Entity Number 126136 Applicant's Form Identifier FY486-14

Contact Person Mike Braun Phone Number 215-736-2681

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

| 12. Signature of authorized person | | 13. Date |
|--|-----------|--------------------------------------|
| 14. Printed name of authorized person | | |
| Mike Braun | | |
| 15. Title or position of authorized person | | |
| Business Administrator | | |
| 16a. Street Address, P.O. Box, or Route Number | | |
| 550 West Palmer Street | | |
| | | |
| City | | |
| Morrisville | | |
| State PA Zip Code 19067 - | | |
| 16b. Telephone number of authorized person | Extension | 16c. Fax number of authorized person |
| 215-736-5927 | | 215-736-0695 |
| 16d. Email address of authorized person | | |
| mbraun@mv.org | | |
| 16e. Name of authorized person's employer | | |
| Morrisville Boro School Dist | | |
| | | |
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Entity Number 126136 Applicant's Form Identifier FY486-14

Contact Person Mike Braun Phone Number 215-736-2681

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Please submit this form to:

SLD Form 486 PO Box 7026 Lawrence, KS 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD Forms ATTN: SLD Form 486 3833 Greenway Dr Lawrence, KS 66046 888-203-8100

FCC Form 486

Receipt of Service Confirmation and Children's Internet Protection Act and Technology Plan Certification Form

Billed Entity Number:

126136

Contact Person:

Mike Braun

Applicant's Form Identifier:

FY486-14 Phone Number:

(215) 736-2681

FCC Form 486 Certification Instructions

You have submitted your information on your FCC Form 486 and are now ready to certify your form. E-Certification Terms and Conditions

- . If you have a PIN, you can certify your form online now by clicking on the "Certify Online Now" button below.
- . If you do not have a PIN, or you need to certify on paper, click on the 'Certify on Paper' button below. Your browser will open a copy of your FCC Form 486 certification page for you to print out, sign and submit to USAC.
- You may choose 'Certify Online Later.' To return to your FCC Form 486, go to 'Apply Online' and choose 'Certify Complete' under FCC Form 486 and enter your FCC Form 486 number and security code.

Remember that your electronic signature is equivalent to your handwritten signature.

Certify Online Now

Certify on Paper

Certify Online Later

FCC Form 486

Do Not Write In This Area

Approval by OMB 3060-0853

Application ID : 1047910

Entity Number 126136 Applicant's Form Identifier FY486-14

Contact Person Mike Braun Phone Number 215-736-2681

I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

12. Signature of authorized person ...

13. Date

10/16/2014 2:43:07 PM

14. Printed name of authorized person

Mika Braut

15. Title or position of authorized person

Business Administrator

16a. Street Address, P.O. Box, or Route Number

550 West Palmer Street

City

Morrisville

State PA

Zip Code 19067 -

16b. Telephone number of authorized person

Extension

16c. Fax number of authorized person

215-736-5932

215-736-0695

16d. Email address of authorized person

16e. Name of authorized person's employer

mbraun@mv.org

Morrisville Boro School Dist

Please submit this form to:

SLD Form 486 PO Box 7026 Lawrence, KS 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD Forms ATTN: SLD Form 486 3833 Greenway Dr Lawrence, KS 66046 888-203-8100

December 2013